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| BOZICEVIC, FIE<br>1900 UNIVERSITY<br>SUITE 200<br>EAST PALO ALTO<br>04/2005 MBELETE2 0000009  | O, CA 94303  | LP AUG                                | 0 1 2005 H   | Cer  | rtificate of Mailing or Tran<br>his Fee(s) Transmittal is bein<br>with sufficient postage for fit<br>Stop ISSUE FEE address<br>TO (793) 746-4000, on the | emission   |  |  |
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| FC: 8001  APPLICATION NO.   | FILING DATE  |                                       | FIRST NAMED INVEN  | ITOR   | CONFIRMATION NO.   |  |  |  |
| 09/988,494  | 11/20/2001   |                                       | Tianmei Ouyans   |  | LIFE040  | 8555   |  |  |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FI                              | E PUBLICATION FEE  |  | TOTAL FEE(S) DUE   | DATE DUE   |  |  |
| nonprovisional  | NO   | \$1400                                |  | \$300  | \$1700   | 08/17/2005   |  |  |
| EXAMI   | EXAMINER   |                                       | п с  | LASS-SUBCLASS  | ,  |  |  |  |
| DAVIS, RUTH A   |  | 1651                                  | 1651   |  | i ()   |  |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |  |                                       | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 |  |  |  |  |  |
| 3. ASSIGNEE NAME AND PLEASE NOTE: Unless a recordation as set forth in (A) NAME OF ASSIGNE Lifescan, Inc.   | an assignee is identified be<br>37 CFR 3.11. Completion of | elow, no assignce of this form is NOT | data will appear on to<br>a substitute for filin   | he patent. If an assign<br>g an assignment.<br>'Y and STATE OR COU                               | ce is identified below, the o  | document has been filed for  |  |  |
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| Authorized Signature  | ine Jalale   |                                       |  | Date   | tug. 01, 2005  |  |  |  |
| Typed or printed name Co  | arol M. LaSall   | e                                     |  | Registration   | No. 39,740   |  |  |  |

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| PTO/SB/21  | (05-03) |
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| F 10/30/21 | 105-05  |

Approved for use through 04/20/2003 OMB 0654 0024

| A TOOL   | )   |             | Application Number  | 09/988,49 | )4   |  |  |
|--|---|-------------|---|-----------|--|--|--|
| TRANSMITTAL  |   |             | Filing Date   | Novembe   | er 20, 2001  |  |  |
|  |   |             | First Named Inventor  | OUYANG    | OUYANG, TIANMEI  |  |  |
| EMART  | FORM  |             | Group Art Unit  | 1651      | 1651   |  |  |
| (to be used for all correspondence after initial filing)  Total Number of Pages in This Submission 3 |   |             | Examiner Name   | DAVIS, R  | DAVIS, RUTH A.  LIFE-040   |  |  |
|  |   |             | Attorney Docket Number  | LIFE-040  |  |  |  |
|  | Total Number of Plages III This Out   | 11331011    | SURES (check all that app   | oly)      |  |  |  |
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|  | Amendment / Reply  After Final  Affidavits/declaration(s)                               |             | Licensing-related Papers  Petition  |           | Appeal Communication to Gr<br>(Appeal Notice, Brief, Reply Brief)                                    |  |  |
|  | Extension of Time Request  Express Abandonment Request  Information Disclosure Statemen |             | Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address |           | Proprietary Information  Part B – Fee Transmittal  Other Enclosure(s) (please                        |  |  |
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|  | Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53             | Remarks     | CD, Number of CD(s  |           |  |  |  |
|  | SIG   | NATURE OF A | APPLICANT, ATTORNEY,  | OR AGENT  |  |  |  |
| Signing A<br>(Reg. No  | Attorney/Agent CAROL M. LAS BOZIÇEVIC, FII  |             | S, LLP  |           |  |  |  |
| Signature  |   | Ale         |   |           |  |  |  |

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